17 March 2007
Chemist+Druggist
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RPSGB starts royal college debate

PAGB slams proposed switch of pseudoephedrine

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C+D

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Cover: This week's Pharmacy Champion, David Evans. Picture: Mike Gutteridge

Royal college: question mark remains over membership

RPSGB Pharmacists could be given choice to opt in or out, suggest chief pharmaceutical officers

Tom Hawkins

Pharmacy chiefs have given a veiled hint that membership of a royal college for the profession could be voluntary rather than mandatory.

At a meeting to kick off the Royal Pharmaceutical Society's consultation on the White Paper, England's chief pharmaceutical officer Keith Ridge said he hoped most pharmacists would be willing to join a royal college.

"If you have the chance to create a royal college, I would have thought you would want to create an organisation you would want to join," he said.

Mr Ridge indicated that the model would follow the medical structure, where membership of the General Medical Council is mandatory but the Royal College of General Practitioners is a voluntary body.

"Will it be like the medical royal college? Then, probably, yes," he said.

However, Bill Scott, chief pharmaceutical officer for Scotland, warned that a voluntary royal college required a minimum membership to be financially viable.

Consultation with members over the creation of a royal college began in earnest last week when RPSGB president Hemant Patel convened a meeting at Lambeth to discuss the separation of regulation and leadership with the Society's branches and regions.

Mr Patel reiterated the Society's vision of forming the basis of a royal college for pharmacy.

"I'm confident the Society will rise to that challenge and be transformed into a royal college," he said.

"We want it to be a worldwide organisation that can develop worldwide standards that can be used in other countries as well."

Pharmacists should be willing to join the future royal college, Keith Ridge (second from right) told the Lambeth meeting

Have your say

The preliminary consultation on the Regulation White Paper – a document that contains some of the most significant changes to the profession in 165 years – will be complete in just two weeks.

Under the guidance of Lord Carter of Coles, a working group of representatives is discussing the creation of a General Pharmaceutical Council to regulate the profession and the creation of a royal college to lead it.

The changes set out in the White Paper are described as "historic" but what do you think? What would you like the working group to consider? Do you have concerns about being regulated by GPC? Do you think membership of both organisations should be mandatory?

You can complete our questionnaire at www.dotpharmacy.com/whitepaper or send any other comments to haveyoursay@cmpmedica.com We'll publish the results next week and submit all relevant comments directly to Lord Carter.

RPSGB invites comment

The Royal Pharmaceutical Society has launched a communications drive with members as it vies for royal college status.

The Society has invited members to comment on its future role following last month's White Paper on healthcare regulation.

Further consultation will follow the initial review led by Lord Carter at the end of the month.

Industry bodies have not been formally asked to contribute views to Lord Carter's review. Rob Darracott, chief executive of the Company Chemists' Association, said there was no clear strategy from the DH detailing the consultation process and who will be involved. "Given that we're talking about the end of 160 years of history it's being dealt with in a bit of an odd way," he said.

Council member Graham Phillips said the Society is involved in fortnightly talks with senior DH officials. He added that members will have the final say on any agreed principles.

"Everything around the royal college is all to play for. That's where the big debate will be with the profession," he said.

www.generalpharmaceuticalcouncil.org was registered by the RPSGB six days after agreeing to conduct an independent review of its dual regulatory and leadership roles, C+D can exclusively reveal.

Pfizer goes live with 95 per cent sign-up

Industry Three quarters of the market placed orders through UniChem in the first week of the new deal

A week after Pfizer launched its controversial new distribution arrangements, 95 per cent of the dispensing market had signed up to an account, according to UniChem.

UniChem also revealed 75 per cent of the market, including dispensing doctors, pharmacists and hospitals, had placed orders for Pfizer products through the company.

Mark Stephenson, marketing director for UniChem, said: "We hope to be hitting 99 per cent by the end of [this] week. The 75 per cent is expected. There's obviously still some stock available. In the next few weeks that will rise significantly as stock depletes."

Pfizer and UniChem revealed they were meeting with AAH to resolve technical problems with the Coventry-based wholesaler's third party ordering system (C+D, March 10, p4). AAH said almost 3,000 customers had successfully placed over 10,000 transactions through the system in the first four days following the launch.

Numark, owned by rival wholesaler Phoenix, reported 32 "errors" logged by 19 pharmacists during the first week of the Pfizer distribution scheme. The 1,700-strong symbol group said a few members had experienced late deliveries, computer ordering problems and changes to ordering cut off times.

UniChem said there are no fixed delivery times for new customers and had promised only to match existing frequencies of deliveries, not times.

David Watson, head of trade at Pfizer, said: "What was ordered by pharmacists was what arrived in the next delivery in 99 per cent of cases which is a high standard." **WYP**

Health minister Paul Goggins counts down the days until Northern Ireland's smoking ban goes live. From April 30, smoking will be banned in enclosed and substantially enclosed public spaces

PCTs to stub out stop smoking services

Politics Cuts could hit pharmacy services, say Tories

Ailsa Colquhoun

Cuts in PCTs' stop smoking budgets could threaten the commissioning of pharmacy stop smoking services, a Conservative Party survey of PCTs has revealed.

The survey found almost half of PCTs are ready to freeze their 'stop smoking' budgets.

Using figures obtained under the Freedom of Information Act, the Conservatives claim that 56 out of 115 PCTs cut their stop smoking budgets in real terms between 2005-06 and 2006-07.

The top three offenders included Lambeth, Middlesbrough and West Sussex PCTs who decreased stop smoking spend by almost £500,000, according to the Tory survey.

Shadow health secretary Andrew Lansley said: "These cuts mean that this support will become increasingly scarce." Dubbing the forthcoming smoking ban a "once-in-a-lifetime opportunity to encourage thousands of smokers to quit", he said: "What is the point of anti-smoking campaigns if they can't be followed up?"

The RPSGB expressed concern over the survey findings. Paul Bennett, chair of the English Pharmacy Board, said: "If the Conservative Party survey results are an accurate picture of what is happening in PCTs across England then they are a real cause for concern and the RPSGB will be looking to raise the issue with the Department of Health."

An NPA spokesman added: "This kind of short-term mentality is not helpful for pharmacy, which needs the investment to develop services that will show an improvement in public health."

Pseudoephedrine switch under fire

Medicines P to POM plan angers PAGB and NPA

Ailsa Colquhoun

Pharmacy representatives have slammed MHRA proposals to reclassify medicines containing pseudoephedrine and ephedrine from P to POM status.

The move follows increasing concern from police officials that the decongestant ingredients can be extracted from OTC remedies and used in the manufacture of the recreational drug 'crystal meth' or 'ice' (methylamphetamine).

However, Gopa Mitra, PAGB director of health policy and public affairs, said: "This raises questions as to what has happened to trust in pharmacy? The profession is doing so much more in the delivery of NHS targets, but they can't sell pseudoephedrine? This is a disproportionate response that makes it look like there is a problem with pseudoephedrine, whereas the problem is with the drug abuse."

NPA director of practice Colette McCreedy added: "We fundamentally disagree that the only way of controlling the supply of pseudoephedrine is through prescription only status. The government is keen for pharmacists to take a greater role in healthcare, [and] officials can give a clear signal of faith in the profession by allowing pharmacists to continue to manage of the supply of pseudoephedrine."

The comments follow MHRA proposals to limit the maximum pack size to 720mg pseudoephedrine/ephedrine (12 x 60mg tablets) and to reclassify all pseudoephedrine and ephedrine containing medicines to Prescription Only Medicines by the end of 2007.

The MHRA said: "Rigorous supervision of pharmacy sales of single packs would not impact on the known practice of purchasing small quantities from multiple pharmacies."

Pharmacists can comment on the MHRA proposals by contacting: amanda.bryan@mhra.gsi.gov.uk by June 1.

A list of affected products is available on the PAGB website at www.pagb.co.uk

Your views

"Pseudoephedrine is not controlled as [per the proposals] in New Zealand where the practice of manufacture of crystal meth from OTC pseudoephedrine originated from. I would be happy to keep a register of purchasers as we used to with Phensedyl but feel even that is a bit unnecessary. I am not convinced that crystal meth is the problem that heroin is and we don't restrict purchases of OTC opiates to POM.

"But, there are lots of cold remedies that don't contain pseudoephedrine so we wouldn't be without alternatives."

Tony Schofield
J&A Schofield, South Shields

"None of our methadone patients or addicts have ever indicated, even in confidence, that they use pseudoephedrine from cold products for this. Sales can be controlled in pharmacy – there is no reason why these products should not remain on our shelves."

Laura Fraser
Rowlands Pharmacy, East Kilbride

"The profession is doing so much more in the delivery of NHS targets, but they can't sell pseudoephedrine?"

Gopa Mitra,
PAGB director of health policy and public affairs

Pharmacy in line for boost from Blair's legacy reforms

Politics More multi-skilling by nurses and ambulance crews are proposed

Colin Brown

A series of government policy papers on further reforms of public services could open the way for a wider role for community pharmacies.

The papers are part of the agenda for reform that Tony Blair intends to leave as his legacy and were discussed at a special Cabinet meeting at Lancaster House last week.

The Prime Minister's official spokesman said one of the first papers would call for an end to demarcation lines between professionals delivering public services. He said this included nurses doing minor operations in GP surgeries and multi-skilling by ambulance crews.

Howard Stoate, the Labour chairman of the All-Party Pharmacy Group, said the proposals set out by Mr Blair in the papers will open the way to community pharmacists making the case for an expanded role.

Tony Blair: one of his legacies could be an end to demarcation lines among professionals delivering public services

The Prime Minister's spokesman said the first reports will be published later this month focusing on empowering citizens to shape services around them, opening up the supply side so the greatest possible diversity is encouraged; opening up more commissioning and the role of the third sector; and empowering public services to achieve more by breaking down professional demarcation lines.

The Prime Minister said: "The vision at the heart of these reforms is to create self-standing institutions of public service, independent of state control based on public/private voluntary provision. They should be free to develop in the way they need to, accountable to the use of free choice, and with a flexible workforce able to innovate and change."

The papers will be used to influence the Comprehensive Spending Review by the Chancellor, Gordon Brown, before he takes over as Prime Minister, according to sources at Westminster. The aim is to cut across Whitehall departments so that money from existing budgets may be refocused to obtain better results.

Lloyds avoids multi-million pound damages bill

Legal Compensation awarded is less than a third of original claim

A lawyer seeking compensation from Lloydspharmacy for dispensing a prescription with eight times her normal dose has won only a fraction of the amount she had sought.

Judge Mr Justice Keith last week awarded the Reverend Kathy Horton less than a third of the £5m she had hoped for to compensate for her suicidal depression after receiving a higher than normal dose of steroids.

After setting the damages at £1,435,949, the court heard that Reverend Horton had already reached a £1.5 million settlement plus £175,000 in costs with medical insurers for Earlsfield GP Dr Timothy Evans, who prescribed the drugs.

This sum will be offset against the damages set by the judge, meaning that Lloyds has nothing to pay.

A spokesperson for Lloyds and its insurer, the NPA, said: "While we regret the distress that the Reverend Horton has suffered, we do not believe that we should have lost this case in the first place."

In November, the judge ruled that Lloyds failed to check a 28-day prescription for 4mg dexamethasone, which was higher than her maintenance dose of 0.5mg.

The dose, which was repeated by a GP in the USA, sent her into suicidal depression, which she claims robbed her of the chance to make millions from a new business.

Glyn Walbuck from the Chemists' Defence Association said the case highlighted the need for vigilance when dealing with steroids. He said: "Where there are drugs which have a wide therapeutic range like steroids, it's all down to the pharmacist exercising professional judgement."

A decision over who will foot the legal bill is yet to be made. Reverend Horton has the right to appeal.

Strand News & TH

Conquer the movie crossword and win a C+D mug: p34

Special something: Lloydspharmacy pharmacist Clare La Roux receives the special achievement award from Sir Steve Redgrave and HR director Ailsa Emerson at the company's One Vision conference. Ms La Roux scooped the prize after saving a family from carbon monoxide poisoning. The Gateshead pharmacist spotted high carbon monoxide readings in a young dad during a smoking cessation session. Ms La Roux suggested that he check his boiler, which was found to be leaking carbon monoxide

News in brief

Log on to Dee Spencer

If you're not already glued to C+D's resident pharmacist blogger, Dee Spencer, then you should be. With regular updates on Dee's busy life as a community pharmacist, on everything from *H pylori* eradication to having 'one of those days', it is an unmissable and entertaining reflection on the profession. Check out the latest post on www.dotpharmacy.com

Assurance framework

NHS Primary Care Contracting is working on the final draft of the community pharmacy assurance framework strategic tests. The tests were proposed as part of the pharmacy contract to measure how well PCTs utilised pharmacy providers.

NCSO update

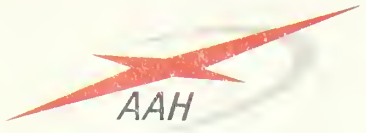
The DH and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for March 2007 prescriptions: bisacodyl 5mg gastro-resistant tablets; diamorphine 5mg injection ampoules; diamorphine 100mg injection ampoules; diamorphine 500mg injection ampoules; and ketoprofen 100mg capsules.

RPSGB names members

The Royal Pharmaceutical Society has named the 72 members of three of its four new statutory committees. The four committees – disciplinary, health, investigating and registration appeals – have replaced the old infringement and statutory committees, although the latter will continue to operate while it completes the handling of cases currently referred to it. More information at www.rpsgb.org.uk

LPC looks ahead

The 2007 LPC Conference will take place at London's Royal Lancaster Hotel on March 21. Topics include implications of changes to ZD, the responsible pharmacist's role, the future for professional regulation and local commissioning challenges.



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News in brief

Smoking ban seminar

Pharmacy Management is organising a half-day seminar for community pharmacists to discuss the opportunities presented by the smoking ban.

It will be held at the Hilton Birmingham Metropole Hotel on May 3 from 1pm to 4.30pm. Details from Pharmacy Management at www.pharman.co.uk

Pharma firms in Top 100

Three pharmaceutical firms have been named in the 2007 Sunday Times Top 100 Best UK Companies to work for.

Napp in Cambridge and Uxbridge-based Bristol-Myers Squibb came ninth and 39th respectively in the best medium-sized company category.

Solvay Healthcare, the Southampton supplier of medicines and vaccines to the NHS, was 92nd in the small companies category.

Pharmacy respect

Although pharmacy is a responsible and conscientious profession, it needs to promote greater respect for the values of patients and shared care decision-making with other healthcare professionals, a report by the Pharmacy Practice Research Trust recommends.

Superdrug unlicensed

Superdrug has been ordered to pay £1,000 by Croydon Magistrates Court for two charges of using television receiving equipment without a licence in its Croydon and Feltham stores last year.

Esomeprazole sealed

AstraZeneca is to add a tamper-evident security seal and unique carton numbers to the packaging of its anti-ulcer product esomeprazole (Nexium) in a bid to combat counterfeiting.

First pro vice-chancellor

Professor Clare Mackie has been appointed as the first pro vice-chancellor of the University of Kent at Medway. Professor Mackie, a former community pharmacist, has been head of Medway School of Pharmacy for the past three years. She takes up her new role on September 1.

Boots boardroom battle may see improved offer

Industry Continuing struggle for control could attract rival bids, says analyst

Max Gosney

Alliance Boots chiefs are locked in a £10 billion battle for control of the UK's largest pharmacy retailer.

Board member Stefano Pessina and private equity firm Kohlberg Kravis Roberts are tipped to improve a £9.7 billion takeover offer, which was rejected by the AB board this week.

The 1,000p per share bid did not reflect "the fundamental value of the company or the attractive prospects, opportunities and synergies available to Alliance Boots", according to the Boots board.

Andy Penman, global equity analyst at Barclays Wealth, told C+D: "The ball's in Stefano Pessina and KKR's court now and it's likely they could come back with a raised offer." He added: "I don't see Mr Pessina walking away just yet."

Split decision: Stefano Pessina (right) has had his offer rejected by the board, which includes Richard Baker (left) and Sir Nigel Rudd

AB, which runs around 2,700 pharmacies in the UK, could also attract bids from other private equity firms, added the City expert.

Mr Pessina's bid, backed by fellow AB board member Ornella Barra, comes just seven months after the £7bn formation of AB from the merger of Alliance UniChem and Boots.

The Italian entrepreneur, who is executive deputy chairman at the group, is likely to be frustrated by AB's sluggish reaction to post-merger opportunities, according to Mr Penman.

"I think a motivating factor is that things are not moving as quickly as he planned. If he could take the company private then he could take greater control."

Alliance Boots declared "business as usual" for its pharmacy division despite further bid speculation as C+D went to press.

Mr Pessina's US based backer KKR is rumoured to be lining up a bid for retailer J Sainsbury, said Mr Penman.

Boots pilots bone scans

Boots The Chemists is offering bone scans to check for osteoporosis.

The £95 brittle bone screening service is being piloted at stores in Birmingham this week and Bournemouth from March 26 and will run for two months. It offers at-risk customers a 10 minute bone density x-ray of the hip and spine while fully clothed.

Boots is working with New Medical and the scan will be performed in a private consultation room in-store by a qualified radiographer or nurse specially trained to use the Dual energy X-ray Absortiometry (DEXA) scanning system.

Patients will receive the results immediately after the scan and be given advice about diet, exercise and lifestyle changes and be advised to visit their GP if necessary.

"We are trialling the service with a view to a potential rollout, but it's too soon to say when this would happen," said a Boots spokeswoman.

NPA targets youth audience with MySpace

NPA Organisation spreads health message on networking site

The NPA has joined the likes of Paris Hilton and Britney Spears by creating a MySpace page in a bid to better engage with young people.

The association's page on the popular social networking website, which allows users to make friends across the internet, provides advice on how to give up smoking and a link to the NPA's traditional website.

It forms part of a new five-year 'Ask Your Pharmacist' marketing push, which also includes a beer mat that says "get your coat you've ..." on one side and "gotta go outside for a fag" on the other.

The campaign also includes a

range of posters, one of which features a cigarette inside a condom with the tagline "there's no such thing as safe smoking", and an advert to be shown on daytime TV show GMTV throughout allergy week in May.

The NPA said the new marketing initiatives, which are not sponsored by an outside company, will come at no extra cost to members.

Shaun Woodward, NPA board member and chair of the marketing committee, said: "If we can get the younger ones now and stop cardiovascular events, for example, happening in the future through helping them to stop smoking, have a healthier diet and exercise more, I think everyone is going to gain from that." **WYP**

Is their medication ending up where it should be?

Dysphagia, or swallowing difficulty, is a much more widespread problem than you might think.[1] It leaves many people, especially the elderly, struggling to swallow their medicine and often leads to it being thrown away.

Such non-compliance has serious consequences in that it can lead to poor outcomes, hospitalisation or even patient death.[2] It also costs the NHS over a billion pounds a year in wasted medicines and the costs associated with adverse clinical outcomes.[3]

That's why it makes sense to give people who can't swallow solid medicines a more appropriate formulation such as a liquid - and the sooner this is done the greater the difference it can make in terms of improved compliance and patient welfare.

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References:
1. Strachan I, Greener M. Medication-related swallowing difficulties may be more common than we realise. *Pharmacy In Practice* December 2005. 2. Richard Griffith, Medication Management and the law 2 – Residents With Medication Related Dysphagia 2006. 3. Greener M. *JME* 2006; 9: 27-44.

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News in brief

Roche threatens Nice

Roche has decided to take Nice to court over a draft appraisal that does not recommend the company's erlotinib (Tarceva) treatment for advanced or metastatic non-small-cell lung cancer. Final Nice guidance on the issue is due next month.

New pre-reg resources

The NPA has launched three new resources, including a self-care booklet and two CD-Roms, one on law and ethics and the other on the drug tariff. The resources are aimed at pre-reg trainees but are also suitable for pharmacists switching from hospital to pharmacy, those returning to practice, as a trigger for continuing professional development and for technicians wishing to up-skill. www.npa.co.uk

Banned additives found

Medicines for babies and children under three years frequently contain dyes and sweeteners that are banned in foods intended for the same age group, The Food Magazine has reported.

A survey of 41 medicines aimed at under-threes found only one product that did not contain any banned food additives, which may be responsible for allergic reactions.

Scottish board launches

The Royal Pharmaceutical Society is officially launching the Scottish Pharmacy Board next week with an event taking place on March 20 in the Scottish Parliament hosted by Helen Eadie MSP. Established on January 21, the board will give pharmacists in Scotland more influence over policy development, according to Lambeth. It has 12 elected members and will meet four times a year.

Nucare roadshow rollout

More than 50 Nucare pharmacists attended the firm's roadshow in February, which allowed them to talk to Nucare directors and debate Pfizer's distribution scheme and the implications for community pharmacy of changes to control of entry regulations. The next roadshow will be on March 28. For more information, go to www.nucare.co.uk

Contractors call for 100-hour opening clampdown

Policy PCTs need more powers to monitor pharmacies abusing exemption

Max Gosney

Contractors in England and Wales have called for a clampdown on pharmacies abusing the 100-hour opening exemption, at the latest round of UniChem Customer Forums.

Chris Martin, UCF national chair, told C+D: "The great disappointment is the 100-hour exemption as it is being abused. Some businesses are only opening for 80 hours and the PCTs don't have the resources to monitor it. Others are operating a door bell dispensing service rather than a full range of essential services."

Pharmacists called for PCTs to be given more powers to police the 100-hour opening exemption, at UCF meetings in Leeds and Oxford, revealed Mr Martin.

"PCTs need to be given the tools to monitor 100-hour pharmacies properly. At the moment they simply don't have the resources so once a pharmacy has been awarded a contract there's the potential for abuse."

Authorities must also address the destabilising effect the 100-hour exemption has had on local pharmaceutical service planning, independent pharmacists said.

"We heard examples of five applications for 100-hour opening within a half mile radius. As part of the Galbraith review, PCTs should be given powers to determine where pharmacies open. At the moment PCTs are unable to say no," Mr Martin told C+D.

• UniChem will introduce pre-reg training for independent pharmacists based on Boots' scheme. Mr Martin told C+D: "We've taken the basis of the Boots template and adapted it for independents. It's about bringing the benefits of the Boots merger to customers."

Chris Martin: exemption open to abuse

Top issues on the independent agenda

• Red tape – many pharmacists still "bogged down" with bureaucracy surrounding pharmacy contract. Broad welcome for simplified MUR form.

• MURs – sharp rise in uptake of the advanced service during the past year. Around 90 per cent of contractors offering MURs compared to 30 per cent in early 2006. Pharmacists embracing role as healthcare professional.

• Pfizer – UniChem customers report "business as usual" since introduction of the Pfizer direct to pharmacy deal.

• Alliance Boots – independents would like to see more sharing of best practice with UniChem customers.

Follow the money: more than 40 East Midlands pharmacists attended a seminar hosted by (from the left) Nick Pulley, head of Alliance & Leicester Commercial Bank's East Midlands Business Centre; David West, solicitor at Freeth Cartwright Solicitors; and Manish Patel, director of H W Chartered Accountants at the Leicester Marriott Hotel. They were given guidance on how to improve profits and optimise the resale value of their pharmacy businesses to make them more attractive to buyers, as well as reaping the rewards of new services under the pharmacy contract

Needle exchange has 'fallen off the radar'

Practice Pharmacy accused of losing the focus it had 10 years ago

Needle exchange services have "fallen off the radar", according to a PSNC chief.

Alastair Buxton, PSNC head of NHS services, said pharmacy had "lost some of the focus it had 10 years ago" and that blood borne viruses were "just as important now".

Mr Buxton said: "We hear so much about HIV/Aids or hep A/hep B. We do need to remind the profession of the importance of stopping the spread of blood borne viruses."

The National Treatment Agency for Substance Misuse (NTA) recommended in February 2006 that more than 25 per cent of pharmacies should provide needle exchange services. Currently the figure stands at 17 per cent.

Although Mr Buxton admitted that "clearly there's a way to go there", the NTA said the figure is increasing and in some areas "is considerably higher than the guideline".

Stuart Notman, an Aberdeen pharmacist who provides a methadone service, said many people are put off providing needle exchange because of the type of customer it attracts.

He said: "Drug dealers often sit outside the shop and force or coerce people coming into the shop for the needle exchange to get things for them."

A full report into the Needle Exchange Survey will be published later this month. **WYP**

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Pharmacy Champions

Pharmacists leading the way

Name
David Evans

Pharmacy
Manor Pharmacy, Ilkeston, Derbyshire

What has he done?
Set up a manufacturing unit to supply aseptically prepared syringes to be used for palliative care

What have you set up?
I set up the service, but my colleague Ellen Bush looks after the patients, who are terminally ill individuals or in long-term care in nursing homes, and interacts with the district nurses and GPs.

"We've been offering the service since August and make between 60 and 100 syringes each month," says Ms Bush. "The service has taken off better than we thought – we made more than 100 syringes in October."

Four technicians and four pharmacists have attended a short course in aseptic services run by the University of Derby.

We believe Manor Pharmacy is unique in offering this service. Turnaround time can be as little as 30 minutes, but more typically it takes two to three hours, including delivery to the patient. We can track prescriptions on a daily basis as they are delivered.

Were there any difficulties?
The design and installation of the service was relatively easy. Commissioning was slow but we got there in the end. The fact that the PSNC agreed to the removal of the aseptic dispensing fee in the Drug Tariff just before we started meant that we had to develop a service level agreement and treat it as an enhanced service. The PCT then took a long time to agree a service specification and we had to jump over extra hurdles, such as CRB checks for all our drivers. We now face having to re-tender on an annual basis, which does not provide for stability and investment.

The reorganisation of the PCT has also had an impact. We were providing the service for a small population area when it was commissioned, but next year we'll have to tender for the service with a larger Derbyshire County PCT, which was not envisaged and would be potentially logistically difficult.

How have the patients and GPs reacted?
Very positively. Carers and relatives are also enthusiastic. The provision of pre-made syringes improves patient safety, reduces errors and there is less waste. There is also pharmaceutical input, which is not always available when syringes are made in the patient's home.

Any advice for others?
When you set up a service, if possible do not rely on local contracts – they are short-term and very onerous. PSNC and the Department of Health inadvertently messed it up for us by agreeing to remove the aseptic fee in their drive to simplify the Drug Tariff.

Why do you think you've been successful?
I think it's been due to collaborative working since pharmacy is not part of the palliative care team in our area, although increasingly I think it should be. We've seen the introduction of the Liverpool Care Pathway in our area, which transfers the hospice model of care into other care settings and allows pharmacies to supply limited quantities of medication on a just-in-case basis, which complements our syringe service. We're increasingly being asked for advice by GPs on what we can do. As an additional service we have purchased two syringe drivers to facilitate patient care on the occasions where the NHS cannot provide them, which allows extra flexibility.

Has offering the service improved your job satisfaction?
Yes, through working in partnership with other health professionals. There's also a greater appreciation of our place in the service. We actually make a difference to patients, especially when a syringe is needed at short notice.

Nominate your Pharmacy Champion:
Telephone 01732 377688
or email chemdrug@cmpmedica.com

Your views

ETP – this is no time for complacency

Martin Jones is worried that the independents will lag behind in the ETP stakes

With the high profile Pfizer/UniChem situation taking up not only a great deal of pharmacists' time but also plenty of the media's column inches, it seems as though there is a real danger that the important issue of ETP is going off the boil.

The big pharmacy chains are already forging ahead of the game by deploying ETP as quickly as possible. As part of this, their staff are taking the opportunity to urge customers to sign them up as their nominated pharmacy for ETP. I am worried that the independents will lag behind and would say to all independent pharmacists, if there is just one thing you do this year, make sure that you get the support of your patients before someone else does.

All GP surgeries have the capability to log nomination requests *now* and the big pharmacy multiples and the web-based pharmacies know this only too well. It doesn't make sense to wait until the last minute to go onto ETP.

Signing up patients is something you should be doing now with the support of your pharmacy IT supplier. They should be able to provide you with high quality, professional marketing back up and merchandise – supplying the draft leaflets and nomination forms for patients to sign, advertising and awareness raising posters, draft local press releases and even sample letters for local GPs. Make sure that your pharmacy is perceived as a modern and leading edge provider of care.

ETP phase 2 will have a huge impact on business within the next two years and it will be driven by patient nomination.

Don't miss the boat, get ETP enabled, market your pharmacy and sign up your patients before someone else does!

Martin Jones is commercial manager, Positive Solutions Ltd

All GP surgeries have the capability to log nomination requests *now*

Comment from the editor

The future of the RPSGB – have your say

If the big debate last Friday at the RPSGB's headquarters was intended to clear the air and dispel the myths about what lies ahead for our professional body, then what have we learned?

Not a lot it appears. We already knew that the Department of Health is to take regulation away from the Society and hand it over to the new General Pharmaceutical Council, and that the RPSGB has thrown its hat into the ring to become the Royal College.

But details such as what the Royal College will do, who will pay for it, who will be welcomed as members, and whether membership will be compulsory, remain as yet hazy.

Keith Ridge and Bill Scott, the chief pharmacists from England and Scotland, did give a few clues at the meeting around whether membership of the Royal College would be mandatory or not.

Keith Ridge said the Royal College could have a "central role" in revalidation, which would help to mitigate any risk to its viability. He added that there was a "need to create [a college] which you would want to join".

However, "nothing should be taken as given" warned Bill Scott. "Don't assume the Society will evolve into the Royal College, that will be for members to decide," he added.

Despite the ongoing debate around whether the Society should become the new Royal College and whether membership should be mandatory, the one certainty is that the profession will need a strong leadership body now more than ever. It has been said countless times before, but pharmacy is now very definitely on the health agenda. As Keith Ridge said of his return to the DH, "the level of expectation and confidence in pharmacy is at a different level entirely".

What the profession does not want however is mandatory membership of a Royal College that is no more effective a leadership body than the current Society. Give pharmacists an organisation that is hungry to succeed, willing to champion pharmacy at every opportunity and to make pharmacy services the envy of all, and pharmacists will queue up to join of their own free will.

With the GPC due as early as next year, one would expect the new college to be in place soon after. There is only a short time left for pharmacists to contribute to the debate. Send your views to haveyoursay@cmpmedica.com and C+D will deliver them to Lord Carter.

> Give pharmacists an organisation hungry to succeed and they will queue to join

Your views

Why are we at Lord Carter's table?

Terry Maguire wonders why PSNI's president is taking a seat on a committee whose remit is to abolish PSNI

Over recent years, the government has led the profession a merry dance.

Finally, in late February, the Department of Health made it clear that, irrespective of the views of the pharmacy profession, regulation of pharmacists, pharmacy technicians and pharmacies would be separated from any leadership organisation – the two roles being, in government's view, incompatible where they remain within one organisation.

From the moment government focused on professional regulation following the Kennedy Report and the Shipman case, PSNI has been seen as a problem.

From the time the PSNI council agreed to come under the CHRE umbrella it became clearer and clearer that as an organisation it could never fulfil the necessary criteria set out by government.

PSNI, it seems, was doomed from the start and more disappointingly there has been little resistance from the profession.

As a past president of PSNI, I fully appreciate the limitations of the organisation but I still remain to be convinced that the inevitable new structures – a General Pharmaceutical Council and a Royal College of Pharmacy (based in London) supported by four national pharmacy boards will ensure pharmacy in Northern Ireland is provided with the professional leadership it needs.

PSNI's council in its response to Foster rejected the proposal of a merger with RPharmS. Now that the Carter Working Party has been set up I am wondering why our president, Raymond Anderson, is taking his seat on this committee. If PSNI policy is to reject a merger and indicates that it plans to come up with a local solution why do we have representation on a committee who's remit is to abolish PSNI?

Other options are still possible through, for example, alterations to the current regulatory framework of the Pharmacy Order 1976 and I have discussed these elsewhere.

With a newly elected assembly in place in a few weeks, Northern Ireland will soon be a very different place to the backwater it once was. I'm calling on PSNI's council, and particularly the president, to show true leadership and pursue its agreed policy. It's time to take the initiative and to create the future rather than have it imposed on us. That's what leadership is.

Terry Maguire is past president, PSNI

> PSNI, it seems, was doomed from the start and more disappointingly there has been little resistance from the profession

NPA moves into MySpace with its Ask your Pharmacist campaign. Read more at dotpharmacy.com/opinion ›

Xrayser

Xrayser CD

The supply chain debate continues

It was inevitable that Pfizer's new distribution deal would eventually come into being (C+D, March 10, p4). Companies of that size and nature do not make decisions on a whim and halting its progress was no more likely that Canute stopping the tide coming in.

So despite the best efforts of the rest of the pharmaceutical supply chain and an exciting last ditch legal battle, UniChem now distributes all our Pfizer goods directly. Or does it?

It seems that a lot of pharmacists have chosen to have their Pfizer deliveries routed through their existing wholesaler, as much for convenience and practicality as anything.

The scheme was introduced as a way of improving the integrity of the supply chain but who takes responsibility when orders are being rerouted?

In a letter I received last week, UniChem and Pfizer made it clear that they are not responsible for the receipt or delivery of orders made via a third party. This is hardly the basis for a system that requires some degree of co-operation.

And there's the rub. The supply chain requires all parties to work together and if they do, virtually anything can be made to happen. But while competing interests are pulling in different directions the simplest tasks become almost impossible. I don't think Pfizer will be stopped, but things could temporarily become a little uncomfortable for everyone involved.

Xrayser CD

The great escape or the road to nowhere?

When all is not quite so rosy in the pharmacy garden I sometimes contemplate my escape route. After all, it should be easy for such a well qualified, hard working professional to find work outside of pharmacy.

A quick round-up of my most impressive skills, however, makes me wonder. I can summarise my skills, and their usefulness in other roles:

- Expert on all aspects of medicines and their use; I know everything there is to know about minor ailments – I think I'd get bored following strict protocols at NHS Direct.
- Ability to identify around 100 commonly prescribed tablets and capsules by sight – appearing on a televised talent show would be fun and might lead to other media opportunities, but I'd hate to be followed down the street by paparazzi.
- Good at running a medium sized retail outlet – unfortunately most other independently owned shops are going out of business.
- Multitasker extraordinaire, able to check prescriptions, answer the phone, supervise OTC sales, manage staff and complete paperwork simultaneously – being a househusband or a housewife wouldn't be sufficiently stimulating.
- Professional delivery service operative, guaranteed prescription delivery direct to your door – I couldn't get up early enough to be a postman.
- Able to monitor blood pressure, sugar levels, cholesterol and warfarin levels – I can't facing going back to college to qualify as a nurse.

The grass is always greener and if only I had the qualifications to get to that nice green place I'd be off. But it's painfully obvious why I, and many of my colleagues, are still here, complaining like mad yet knowing there's nowhere else to go.

24 tablets inside

LPC Inbox

The thin end of a very large wedge

When is a pharmacist responsible? Always in my book, but the Department of Health seems less clear, with the latest consultation events perhaps further clouding the issue rather than clarifying the situation.

From the start of the event I attended it seemed that many decisions had already been taken and the implications of some of the options being floated were worrying to say the least.

Concepts such as the ability to be responsible for more than one pharmacy; the overlap between the statutory role of a superintendent pharmacist and the responsible pharmacist; and the potential impact of workforce planning. The latter requires pharmacists to have up to three years' practising experience

From the start of the event it seemed that many decisions had already been taken and the implications of some of the options being floated were worrying to say the least

before being able to take up the position, rather than being based on competency.

There also appears to be no appetite to deal with this in one hit, linking it with the necessary changes in supervision requirements, the Medicines Act and fitness to practise legislation which would make the title realistically achievable.

March 5 has come and gone and, as the Pfizer Direct to Pharmacy initiative could not be blocked with an injunction, this leaves significant concerns, particularly among our independent contractors, as to the potential impact on their patient services, gross profit and administrative workload.

A more worrying concern is that this is just the thin edge of a large wedge!

Written by an LPC officer

Flu jab boost for pharmacy

Pharmacists should have a greater role in delivering the annual flu vaccination programme, a review by government advisors has suggested. The review, set up in the wake of flu vaccine shortage chaos in 2005, concluded that GPs have little capacity to cope with further extensions in at-risk categories and improving uptake rates.

As a result alternative providers, particularly community pharmacists, should be considered for promotion and signposting of the programme, targeting hard-to-reach groups, increasing primary care capacity for delivering immunisation and increasing patient choice and accessibility.

The reviewers also recommended changes in the way vaccines are procured. Instead of practices or local consortia arranging pricing deals with vaccine companies, a central negotiation should be carried out by the Department of Health.

The DH needs to improve management of contingency stocks, provide clear timely definitions of at risk and target groups and identify limitations to vaccine production, said the reviewers.

Tony Dean, Norfolk LPC secretary, said a combined effort of GPs and pharmacists made sense in principle.

Off-label prescribing in children underestimated

Community pharmacists may greatly underestimate the extent of off-label prescribing in children, say Scottish researchers.

A survey of 500 pharmacists found that 40 per cent were aware of prescribing an off-label medication in the past month, despite such prescribing occurring in more than one in four children in the UK.

The study also found that more than 60 per cent of pharmacists had been asked by the public to sell paediatric over-the-counter medicines, such as antihistamines, analgesics and steroid preparations, for off-label use.

But despite the frequency of off-label prescribing, most pharmacists had gained relevant knowledge about dangers and protocols through experience rather than any formal training or professional development. "Greater emphasis should be placed on undergraduate and postgraduate education and training in the use of off-label drugs," said study leader, Dr James McLay, from the University of Aberdeen.

• A second study of GP use of asthma medications in children published in the British Journal of General Practice found that 6 per cent were prescribed an off-label drug, mainly at doses higher than recommended.

For more information:
British Journal of Clinical Pharmacology, published online doi: 10.1111/j.1365-2125.2007.02865.x

'Trial and error' inevitable

A 'trial and error' approach to anti-psychotic prescribing is probably inevitable, analysis of data from a landmark trial has shown.

Researchers report that in schizophrenia patients who discontinue treatment with perphenazine, the effectiveness and acceptability of other treatments varies considerably depending on clinical circumstances. The CATIE trial was set up to compare the effectiveness of perphenazine with newer anti-psychotic drugs. Overall, perphenazine was found to be just as effective as newer generation treatments olanzapine, quetiapine and risperidone.

For more information:
American Journal of Psychiatry 2007; 164: 415-27

C+D Clinical

Too breathless to leave home

The first of two articles on COPD looks at the causes, signs and symptoms

Key points

- COPD is an umbrella term encompassing a number of disease entities. COPD is now the preferred term for the conditions in patients with airflow obstruction who were previously diagnosed as having chronic bronchitis or emphysema.
- COPD is a major public health issue, yet most sufferers (70 per cent) remain undiagnosed.
- The diagnosis of COPD relies on the combination of suggestive symptoms and signs together with the presence of airflow obstruction on spirometry.
- Cough and sputum production is frequently the first symptom of COPD.
- People with COPD typically experience between two to three acute exacerbations each year.
- Pharmacists have a key role in detecting people with undiagnosed COPD and helping them manage their condition.

Anna Murphy

Many people with chronic obstructive pulmonary disease (COPD) misunderstand the most basic facts about their illness, including its name, what caused it and how it can be managed.[1]

A recent British Lung Foundation (BLF) survey found communication barriers between healthcare professionals and people with COPD, and that the substantial emotional and practical impact of the disease on the lives of patients and their families is underestimated by those treating them.

Reflect

What are the differences between COPD and asthma? What other conditions show similar signs and symptoms to COPD? Do you have any patients who might be undiagnosed or wrongly diagnosed; for example do they buy a lot of OTC cough mixtures or say their asthma treatments do not work very well?

Plan

If you need to know more about COPD this article explains the aetiology, epidemiology, diagnosis and how the condition is assessed. Next week's article will cover treatments.

Gross clinical specimen of a sectioned lung affected by emphysema

PHOTO: LUNG SCIENCE PHOTO LIBRARY

The College of Pharmacy Practice

This course (module 1399), in association with multiple choice questions being published in C+D April 7, provides one hour's continuing education

CPD

This article can help in the following CPD competencies: C2a, C2d, C2e, C3e, G1a, G1q. See www.tinyurl.com/194zu

Pharmacy update

COPD is common, with about 900,000 diagnosed cases in the UK and an estimated 2.1 million people undiagnosed. It causes persistent and worsening symptoms, impairs quality of life and leads to 30,000 deaths each year.[2]

The BLF survey reveals that, although COPD is a degenerative and debilitating condition, it can be managed successfully. As there are three million people in the UK with COPD, most community pharmacists will come across this disease. This article is one of two giving the information you need to improve the care of patients. Next week we will look at treatments.

What it is

COPD is the globally accepted term to describe the spectrum of respiratory conditions that overlaps with chronic bronchitis, emphysema and long-standing chronic asthma, which has become less responsive to therapy.[3] It is characterised by an airflow obstruction that is slowly progressive, not fully reversible and does not change markedly over several months.

Epidemiology

COPD carries a high morbidity and mortality and is one of the few chronic diseases where the number of people affected is rising and the trend looks set to continue. The World Health Organization says it was the fifth leading cause of death worldwide in 2002 and is likely to become the fourth by 2030, primarily related to increases in smoking in the developing world.[4]

The burden of COPD on individuals, the health service and society as a whole is great. It is estimated that there are 1.4 million GP consultations in primary care, which is four times more than for ischaemic heart disease. COPD accounts for one in eight emergency hospital admissions. About 30 per cent of patients admitted with COPD for the first time will be re-admitted within three months and 15 per cent of patients admitted will die within three months of discharge.

However, the main burden of this devastating disease falls on the patients and their families who live and cope with it daily.

Aetiology

COPD is strongly linked to smoking, accounting for about 90 per cent of cases in the UK. Other risk factors include chronic or intense exposure to occupational dusts or chemicals, low birth weight, genetic factors, recurrent childhood respiratory infections and low socio-economic status.[3] These other factors are thought to be additive to the effects of smoking and are rarely sufficient to cause COPD on their own.

The exception to this is alpha-1 anti-trypsin deficiency, a genetic deficiency of an enzyme that protects the lungs against the damaging effects of cigarette smoke. It accounts for about 2 per cent of all cases of COPD and is associated with the development of COPD in non-smokers.

Box 1: Signs and symptoms of COPD

- Exertional breathlessness
- Chronic cough
- Regular sputum production
- Frequent 'winter' bronchitis
- Wheeze

Box 2: Nice grading of severity of airflow obstruction[3]

Severity	FEV_1* predicted)
Mild	50 to 80 per cent
Moderate	30 to 49 per cent
Severe	Less than 30 per cent

*Forced expiratory volume in one second

Signs and symptoms

The common symptoms of COPD are breathlessness, cough, sputum, wheeze and chest tightness (Box 1). These symptoms vary very little from day to day over fairly long periods of time. Initially the patient may appear to have a smoker's cough, which is often accepted as a natural consequence of smoking.

The symptoms then progress and often present as acute winter bronchitis, or worsening and more frequent bouts of coughing, often with thick or discoloured sputum, and breathlessness. At first the breathlessness appears only on exertion and can be regarded as a symptom of old age but gradually the limitations become greater until the patient is breathless when washing, dressing and talking and eventually even at rest. Often the response to such experiences is activity avoidance and this can lead to a downward deconditioning spiral whereby cardiovascular fitness decreases, skeletal muscle mass is lost and patients become more breathless.

The severity of the disease shows great individual patient variability. Traditionally, assessment of COPD severity has been carried out by measurements of airflow obstruction (Box 2). However, airflow limitation does not necessarily correlate with the level of symptoms or the degree of disability that a patient experiences because of COPD. The MRC dyspnoea scale was therefore developed to help quantify the patient's breathlessness (Box 3).[3]

As COPD progresses, exacerbations become more frequent and more severe. Frequent exacerbations are associated with worsening prognosis and declining quality of life. COPD exacerbations are defined in terms of symptoms as "a sustained worsening of the patient's symptoms from his or her usual stable state that is beyond normal day to day variations, and is acute in onset".

Common symptoms include worsening breathlessness, cough, increased sputum production and a change in sputum colour.

A diagnosis of COPD should be considered in patients over the age of 35 years who have a risk factor, generally a current or ex-smoker, and who present with one or more of the classic COPD symptoms.

Differential diagnosis

The differentiation of COPD from asthma is complicated since these diseases share bronchial obstruction as a common symptom and may produce similar changes in lung

Box 3: MRC dyspnoea scale[3]

Grade	Degree of breathlessness related to activities
1	Not troubled by breathlessness except on strenuous exercise.
2	Short of breath when hurrying or walking up a slight hill.
3	Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace.
4	Stops for breath after walking about 100m or after a few minutes on level ground.
5	Too breathless to leave the house, or breathless when dressing or undressing.

Box 4: Clinical features differentiating COPD and asthma

	COPD	Asthma
Smoker or ex smoker	Nearly all	Possibly
Symptoms under age 35 years	Rare	Often
Chronic productive cough	Common	Uncommon
Breathlessness	Persistent and progressive	Variable
Night time waking with breathlessness and/or wheeze	Uncommon	Common
Significant diurnal or day to day variability of symptoms	Uncommon	Common

BACK PAIN

C+D Guide to Back Pain

In this C+D Guide to BACK PAIN:

- Causes and incidence of back pain
- Recognising simple lower back pain
- Treatment options and preventative measures
- When to refer – 'red flag' conditions

Back Pain

Product information: Anadin Ultra, ibuprofen 200mg **PL no:** PL 0016S/0142 **PL holder:** Wyeth Consumer Healthcare, SL6 0PH **Supply classification:** 8,12 and 16 capsule packs GSL. 32 capsule pack P **Indications:** Mild to moderate pain including rheumatic and muscular pain, backache, headache, dental pain, migraine, neuralgia, dysmenorrhoea, feverishness and for the relief of symptoms of cold and influenza. (Pharmacy only - also for the symptomatic relief of the pain of non-serious arthritic conditions) **Side Effects:** GI: abdominal pain, nausea, dyspepsia, constipation and diarrhoea. Occasionally peptic ulcer, GI haemorrhage **Hypersensitivity reactions:** Haematological: thrombocytopenia, agranulocytosis, aplastic anaemia. Renal: haematuria, interstitial nephritis, papillary necrosis, and renal failure. Other: rarely hepatic dysfunction, headache, hearing disturbances and dizziness **Precautions:** Bronchospasm may be precipitated in patients suffering from or with a previous history of bronchial asthma or allergic disease. Caution in patients with renal, cardiac or hepatic impairment since renal function may deteriorate. Dose as low as possible and renal function should be monitored. Undesirable effects may be minimised by using minimum effective dose for shortest possible duration. Elderly at increased risk of serious consequences of adverse reactions If symptoms persist, consult your doctor. Do not take with other painkillers. Caution required with the following concomitant use; Corticosteroids, anticoagulants, aspirin or other NSAIDs, antihypertensives, diuretics, lithium, methotrexate **Contraindications:** Hypersensitivity to ingredients. Use in patients hypersensitive to aspirin or with bronchospasm, asthma, rhinitis or urticaria associated with non-steroidal anti-inflammatory drugs. Current or previous peptic ulceration. Not to be taken during pregnancy **Dosage:** Adults, elderly, children over 12 years of age: 1 or 2 capsules every 4 to 6 hours as required. The capsules should be taken with water. Do not exceed 6 capsules (1200mg) in any 24 hour period Not to be used for children under 12 years of age **Cost:** Blister packs of 8 capsules RRP: £1.85. Blister packs of 12 capsules RRP £2.46. Blister packs of 16 capsules RRP: £3.08. Blister packs of 32 capsules RRP: £5.40. **Date:** 19th October 2006

Product Information: Anadin Ultra Double Strength 400mg Capsules, ibuprofen. **PL no:** PL 0016S/0148 **PL holder:** Wyeth Consumer Healthcare SL6 0PH **Supply classification:** P **Indications:** For relief of rheumatic or muscular pain, pain of non-serious arthritic conditions, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza **Side Effects:** Hypersensitivity reactions (including severe hypersensitivity reactions), aseptic meningitis, haematopoietic disorders, leucopenia, thrombocytopenia, pancytopenia, agranulocytosis. Exacerbation of asthma and bronchospasm, nervousness, headache, visual disturbance, tinnitus, vertigo, cardiac failure, hypertension, asthma, bronchospasm, dyspnoea and wheezing, abdominal pain, dyspepsia, nausea, diarrhoea, flatulence, constipation, vomiting, peptic ulcer, perforation or gastrointestinal haemorrhage, exacerbation of ulcerative colitis and Crohn's disease, mouth ulcers, liver disorders, various skin reactions (including severe forms), acute renal failure, papillary necrosis, oedema, peripheral oedema, decreased hematocrit and haemoglobin levels. **Precautions:** Caution required in patients with, which may be made worse: Systemic lupus erythematosus as well as those with mixed connective tissue disease, due to increased risk of aseptic meningitis. Gastrointestinal disorders and chronic inflammatory intestinal disease as these conditions may be exacerbated. Hypertension and/or cardiac impairment as renal function may deteriorate and/or fluid retention occur. Renal impairment as renal function may deteriorate. Hepatic dysfunction. Bronchial asthma or allergic disease as bronchospasm may be precipitated. Hereditary fructose intolerance. Caution required in patients taking the following concomitant medication; Corticosteroids, NSAIDs, anticoagulants, aspirin (above 75mg daily), antihypertensives, diuretics, lithium, methotrexate, zidovudine. Caution recommended in women who are trying to become pregnant as fertility can be affected (reversible on withdrawal of treatment) and in the elderly as they are at increased risk of adverse reactions. Treatment should be stopped if patient develops GI bleeding or ulceration **Contraindications:** Hypersensitivity to ibuprofen or any of the constituents in the product. .Ibuprofen is contraindicated in patients who have previously shown hypersensitivity reactions (e.g. asthma, rhinitis, or urticaria) in response to aspirin or other NSAIDs. Active or previous peptic ulcer. History of upper gastrointestinal bleeding or perforation, related to previous NSAIDs therapy Patients with severe hepatic failure, severe renal failure or severe heart failure. Use with concomitant NSAIDs including cyclo-oxygenase-2 specific inhibitors. Use in third trimester of pregnancy. **Dosage:** For oral administration and short term use only. Adults, the elderly and young persons over 12 years of age: The minimum effective dose should be used for the shortest time necessary to relieve symptoms. If the product is required for more than 10 days or if the symptoms worsen, the patient should consult a doctor. 1 capsule up to 3 times a day, as required, with water. Leave at least 4 hours between doses and do not take more than 1200mg (3 capsules) in any 24 hour period. Not to be used for children under 12 years of age **Cost:** 10 capsule pack RRP £3.99. 20 capsule pack RRP £7.49 **Date:** 19.07.2006.

GUIDE TO BACK PAIN

Back pain is just that – a pain! Standing on our hind legs might have freed our hands for using the tools to build civilisations, but for many of us the price will be, at some stage, a bad back.

Lower back pain is common (see below – Back Stats), and the main cause is strained muscles or other soft tissues (ligaments or tendons) connected to the vertebrae, usually in the lumbar region of the spine below the ribs.

Since the spine is involved in nearly every movement you might make, and the lumbar region bears the brunt of bending, sitting and lifting, lower back pain can be distressing and awkward for your customers.

Sometimes back pain can signify an underlying problem but most of the time, with proper care, it will resolve itself within a few days.

Back Stats

- *Half the UK adult population (49%) report lower back pain for at least 24 hours at some point during the year, according to a study published in 2000*[1].
- *Lower back pain accounts for about 52 million lost working days each year in Britain*[2], *and accounts for about 4% of GP consultations*
- *The direct health care costs of back pain in the UK were estimated in 1998 to be £1.6 billion*[3].

Risk factors and assessment

Risk factors are poorly understood. Age, sex, and height appear to have little influence in helping define 'at risk' groups. Unsurprisingly, back pain is reported most frequently in skilled manual, partly skilled and unskilled jobs[5] that involve heavy physical work and the lifting and handling of loads.

However, some occupations have been identified as causing back pain without involving injury. Examples are:

- People who drive over 25,000 miles a year averaged just over 22 days a year off work with a bad back compared with just over three days for low mileage drivers[6]
- 57% of supermarket cashiers experience lower back pain in a year[7].

Other common causes of back pain might include poor posture, pregnancy, and unfamiliar physical activity, which could be anything from over-enthusiastic gardening to spring cleaning or carrying heavy shopping.

Whether a customer has simple lower back pain should be determined with some simple questions. When did the pain start? How long has it been present? Can the customer identify a possible cause? Is it acute or chronic? Is this the first or a repeat episode? Could it be job related? Is the customer currently taking any medication?

Try and distinguish any referred pain in the buttocks and thighs from nerve root pain. About 70% of those with simple lower back pain will have referred pain, usually as a dull non-specific ache[4]. In contrast, nerve root pain is sharp and localised.

Low back pain defined[4]

- **Low back pain** – pain between the bottom of the ribs at the back and the top of the legs
- **Simple low back pain** – where the cause of the pain cannot be attributed to any specific pathology. It varies with posture or activity, and over time in response to altered activities or treatment
- **Sciatica** – a lay term for pain and sensations of tingling that travel into the buttocks, back of the thighs and on into the calf and heel. The symptoms are usually caused by irritation of the sciatic nerve
- **Low back pain is classified** *as*
  - Acute if it has lasted less than six weeks
  - Chronic if has lasted more than 12 weeks
- **Nerve root pain** – pain due to nerve root irritation. Simple back pain can occur with or without nerve root pain

C+D guide to BACK PAIN

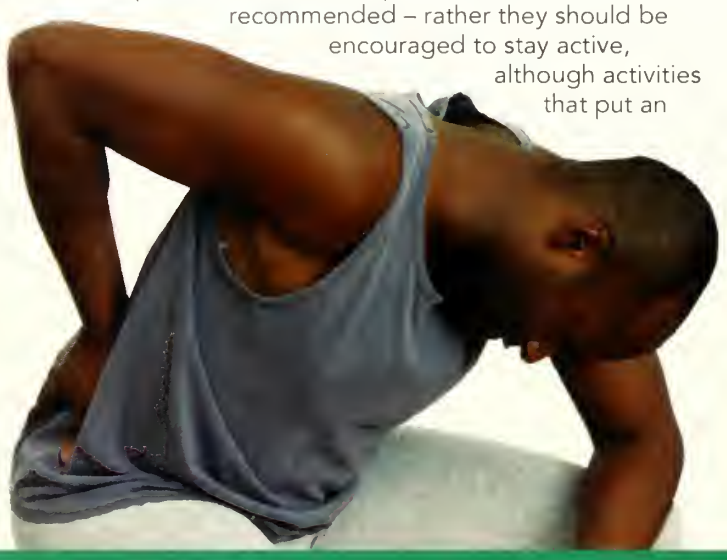
Treatment

Since it is seldom possible to precisely identify the source of simple lower back pain, initial treatment (and often chronic management) is non-specific. Frequently advice on prevention is the best cure.

Over the counter analgesics can be recommended for most simple lower back pain. Ibuprofen or paracetamol are the oral analgesics of choice – both are effective and the risk of adverse effects is low.

Topical analgesics can be considered but might be difficult to apply without help. Cold treatment packs may help reduce any swelling or inflammation related to a recent injury. Heat pads will not reduce swelling (and hence should be more properly used if an injury is at least 48 hours old) but may help with pain relief. However, both of these options may restrict mobility.

Sufferers should be advised that analgesics will relieve the pain but not cure the problem. Bed rest is not recommended – rather they should be encouraged to stay active, although activities that put an unnecessary strain on the back should be avoided.



Advice on dealing with the root cause of the problem, be it poor posture, poor seating or slouching over a desk, or poor lifting and carrying techniques, may be the best thing you can provide to customers to prevent the problem recurring.

When to refer

While most simple back pain can be managed with practical lifestyle advice and OTC analgesics, there are a number of so-called 'red flags' that require referral[4]. These include when the customer:

- Is aged over 50 and reporting back pain for the first time, or is under 20
- Has osteoporosis
- Has had, or is being treated for cancer
- Has had a recent bacterial infection (eg UTI)
- Is an IV drug abuser
- Is on steroids or other immunosuppressive drugs
- Complains of numbness or loss of feeling in the lower extremities
- Has pain that follows a major trauma, such as a heavy fall or traffic accident
- Has pain that is constant and getting worse
- Has pain that is in the middle or upper back

References

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3. Directorate of Information and Clinical Effectiveness (2001) Topic of the month: acute and chronic low back pain. www.show.scot.nhs.uk
4. Prodigy guidance: Back pain – Lower. www.prodigy.nhs.uk
5. Prevalence of back pain in Gt Britain. DoH 1998
6. Porter JM. Driving and musculoskeletal health. The Safety and Health Practitioner Supplement July 1999
7. Musculoskeletal disorders in supermarket cashiers. HSE 1998

function. However, the underlying disease processes are different and require different management and treatment. Far too often COPD patients are treated as asthmatics. The main differences between COPD and asthma are shown in Box 4.

Other diseases showing similar symptoms to COPD are:

- Cardiovascular disease is an important differential diagnosis and a common co-morbidity. Symptoms of shortness of breath on exertion and fatigue are similar in both COPD and heart failure. Chest tightness can be confused with angina.
- Anaemia is a cause of breathlessness on exertion and will need to be excluded.
- Lung cancer.

Early detection of COPD

The British Lung Foundation report, Lost in Translation, published in June 2006, highlights the problems with the timely diagnosis of patients with COPD.[2] Approximately one in four people with COPD had delayed going to their doctor about their symptoms for as much as 10 years after first noticing them. Furthermore, most patients are diagnosed after multiple consultations, often over several years, for various respiratory complaints – usually recurrent episodes of bronchitis, bouts of productive coughing or variable breathlessness.

Community pharmacists are ideally placed to identify customers with mild to moderate COPD whose breathing is laboured and who constantly purchase over the counter cough medicines to treat their 'smoker's cough' or collect prescriptions for repeated courses of antibiotics. Both of these may indicate that the patient has an underlying respiratory condition. Similarly, the alert pharmacist will recognise the long-term diagnosed asthmatic collecting repeat prescriptions, constantly complaining that the treatment has little benefit.

Early identification of these patients may facilitate appropriate disease management and lifestyle changes, such as smoking cessation and exercise, before the end stage of the illness when disability is substantial. Box 5 highlights the characteristics of a typical COPD patient.

The pharmacist has a fundamental role not only in the detection but also long-term management and support of COPD patients.

Box 5: A typical COPD patient

- Age over 35 years
- A smoker or ex-smoker
- Presentation with cough or excessive sputum production or shortness of breath on exertion, wheeze
- Frequent purchasing of OTC medicines for cough
- No clinical features of asthma
- Frequent courses of antibiotics for chest infections
- Gradual worsening of quality of life

Impact on families

Breathlessness saps energy, confidence and self-esteem, and reduces independence. It is hardly surprising that clinical depression in severe COPD is common.[3] All health professionals caring for COPD patients need to be alert to the signs of depression. Maintaining normal social contacts helps reduce social isolation and depression and needs to be encouraged.

Long-term illness places considerable strains on families and partners. The additional domestic burden they shoulder may produce feelings of resentment on their part and guilt on the part of the patient. Carers often suffer from anxiety and depression. Breathe Easy, the patient self-help groups supported by The British Lung Foundation, provides an ideal forum for patients and carers to socialise and gain valuable peer support, as well as being a useful source of advice and information.

The aim of treatment should be to enable patients not simply to live with COPD, but to have a life with it. With appropriate treatment and support it is possible to put quality back into their remaining years.

For references go to www.dotpharmacy.com/respiratory

Anna Murphy, BSc, MSc, MRPharmS, is a consultant respiratory pharmacist at University Hospitals of Leicester NHS Trust.

Continuing Professional Development CPD

Act

- Write short notes on the pathophysiology of COPD and how the symptoms relate to this pathophysiology. Try to find out more about the different underlying disease processes between asthma and COPD, and when the two might become indistinguishable.
- What is bronchiectasis and how does it differ from bronchitis?
- Look at http://www.lunguk.org/copd.asp#8: a British Lung Foundation site for another view of COPD. Also see http://www.brit-thoracic.org.uk/iqs/dbitemid.13/sfa.view/cpti.32/press_releases.html
- Look through your PMRs and identify, say, 50 patients who use drugs for their "asthma". The next time they present for their repeat prescription try to have a word with them to establish whether they might have COPD. To aid the process, keep in mind the points made in Box 6 of the article.
- Recently there has been frequent mention of the role of community pharmacists in recognising undiagnosed serious conditions. Is this your current role? Do you feel you have been trained to fulfil this function? Do you have sufficient knowledge and skill?
- How can you put this into practice without worrying your patients?

Evaluate

- Look back at the 50 cases above. How many would you now consider as potentially having COPD? The article suggests about 5 per cent of the population have COPD. This is similar to the incidence of asthma: do you feel you have enough background knowledge to consider (gently) referring any of these patients back to their doctor for consideration as COPD sufferers?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the April 7 issue, which will cover this week's CPP-accredited module, together with those in the March 10 and 24 issues.

These will cover:

- Ovarian cancer (1398)
- COPD part 1 (1399)
- COPD part 2 (1400)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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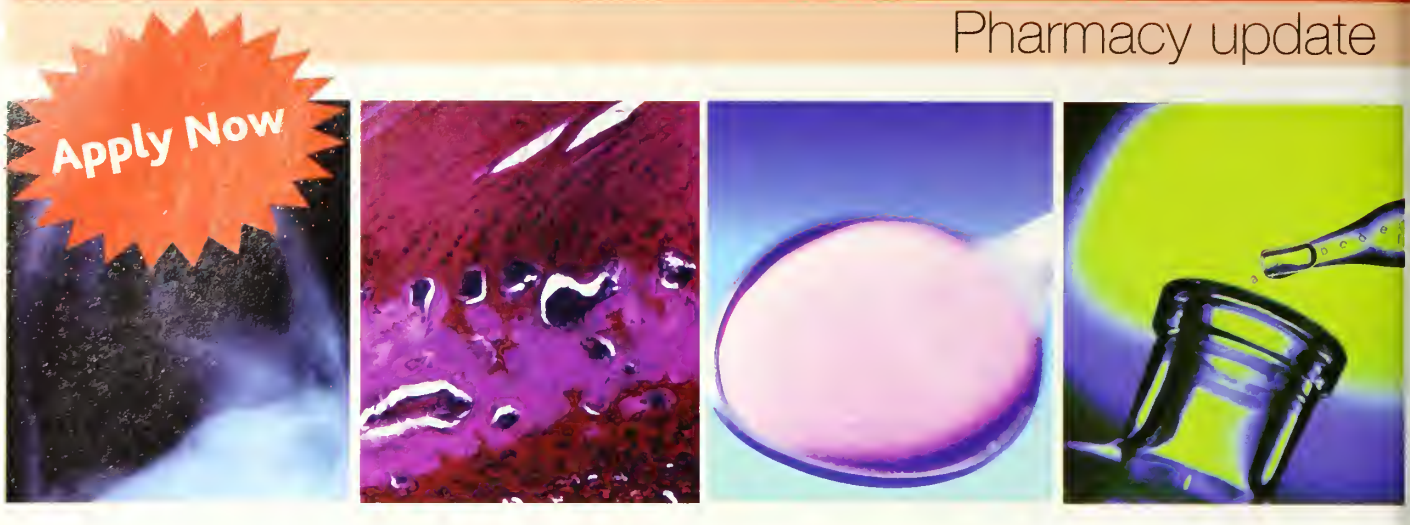

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A Practical Approach...

Brenda, the dispensing technician at the Update Pharmacy, holds down the mute button on the telephone as she calls out to pharmacist David Spencer.

"David," she says, "can you take this call? She says it's very urgent and she sounds very panicky."

David takes the telephone and asks the caller how he can help.

"I need your advice quickly," says the woman.

"What's the problem?" replies David.

"It's my husband, I think he's been taking a deadly cocktail of drugs and I want to know what you think I should do."

"How do you mean, 'a deadly cocktail of drugs'?" David asks.

"Well," says the woman, "he's been prescribed one of those cholesterol busting drugs, called simvastatin. He's been taking the tablets for about a week, but I've just read in the leaflet that came with it that you shouldn't drink grapefruit juice if you are taking this medicine.

"He has a glass of grapefruit juice every morning with his breakfast. That could kill him, couldn't it? Should I take him straight down to casualty or call an ambulance?"

David replies: "Can you tell me the strength of the tablets – how many mg it says on the packet – and how big a glass of grapefruit juice your husband drinks, and if he drinks any more of it during the day?"

"It says '20mg' and he just has the one glass – about a wineglassful – a day. But just tell me what I should do," urges the woman.

Questions

1. What is the potential danger of taking simvastatin and drinking grapefruit juice? What mechanism is involved?
2. How serious is the danger?
3. What advice should David give?

Answers →

CPD

This article can help in the following CPD competencies: C1c, C4k, G1a, G1c, G1e. See www.tinyurl.com/194zu

New type 2 diabetes blockbuster available in May

Eli Lilly has launched its novel type 2 diabetes blockbuster treatment exenatide in the UK under the brand name Byetta.

Available from May, the injectable drug is licensed for use in combination with metformin and sulphonylurea in patients who have not achieved adequate glycaemic control using the established oral treatments.

Exenatide targets beta cell dysfunction by mimicking the action of GLP-1, an incretin hormone released from the gut when food is eaten, and which stimulates pancreatic beta cells to produce insulin.

In an 82-week clinical trial, treatment with the incretin mimetic 10mg twice daily was associated with both sustained HbA_{1c} reductions of 1.1 per cent and an average weight loss of 4.4kg.

The treatment is administered before breakfast and evening meals. The most common adverse events are nausea, vomiting, diarrhoea and hypoglycaemia. The company reports that nausea reduces with use, and that hypoglycaemic episodes have been relieved after eating carbohydrates.

Each exenatide pack costs £68.24 and includes a pre-filled pen containing 5 or 10µg doses covering 30 days at two doses per day.

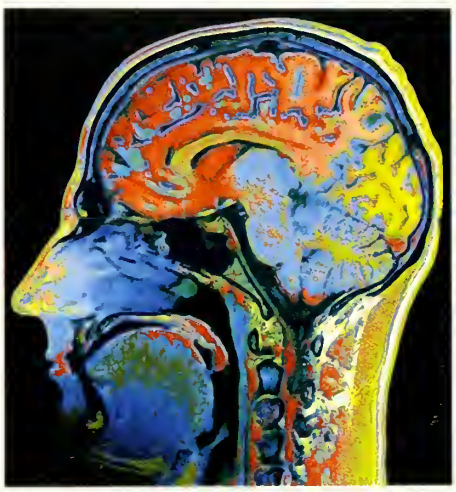
It is contraindicated in end-stage renal disease.

Food for thought

Patients who say "I've only got to look at food to put on weight" may have a point, it was revealed this week.

An MRI study in which 13 obese women and 13 normal-weight women were shown pictures of food revealed areas of brain activity in the obese patients that were not active in the non-obese group.

The researchers, who presented their findings at the European Congress of Radiology, noted obese people really do 'eat with their eyes' and that similar brain activity had been noted in gambling addicts.



In brief

The SPC for Durogesic DTrans has changed with MHRA agreement to include a warning that different brands of transdermal patches are not necessarily interchangeable. The makes supplied to patients should not be changed without specific counselling.

Have your say

We'd like **you** to be part of C+D's new Clinical Advisory Panel, which will help shape our clinical content and ensure it meets the needs of pharmacists. Email clinical editor Gavin Atkin at gmatkin@cmpmedica.com today.

A Practical Approach... this week's answers

1. Simvastatin is a potent inhibitor of the enzyme HMGCoA reductase, which is involved in the biosynthesis of cholesterol. Myopathy (destruction of muscle tissue) are possible side effects. Simvastatin is metabolised in the liver via the cytochrome P450 3A4 enzyme system. Grapefruit juice is a potent inhibitor of this enzyme, reducing the metabolism of simvastatin and increasing the risk of myopathy and rhabdomyolysis. This interaction also occurs with atorvastatin, but not with pravastatin, fluvastatin and rosuvastatin.
2. The risk of myopathy and rhabdomyolysis with simvastatin is classified as rare, that is, affecting less than 1 in 1,000 patients taking the drug. Nevertheless, the original manufacturer of simvastatin advises that taking it and drinking grapefruit juice should be avoided. However, for the OTC version of simvastatin, the same manufacturer advises that only quantities greater than one litre of grapefruit juice daily should be avoided.
3. That there is no need to go to hospital or for any emergency action to be taken. To be entirely safe, the simvastatin should be stopped and the patient should return to his doctor, who may wish to prescribe one of the statins that do not interact with grapefruit juice. Or he may decide to continue with simvastatin but reduce the dose, or maintain the dose and monitor the patient more closely.

Prebiotic is in a class of its own

Bi²muno is a new prebiotic supplement from Clasado. The product is designed to ensure good bacteria in the gut grow faster than bad bacteria, says the company.

The soluble prebiotic can be taken by adding it to food and drink or by using it in cooking. It is exclusive to the UK pharmacy market, says Clasado.

A £5 million budget has been allocated by Clasado to support the product over the next 12 months. Point of sale materials are available and the company hopes recommendation from pharmacy staff will aid sales. Consumer press and media relations activity is planned.

Price: £6.99/30

Product info:
Ceuta Healthcare
Tel: 01202 780558
www.bimuno.com

Oral-B's three step strategy

Oral-B is backing its Stages range for children with its "biggest ever" marketing campaign. The aim is to educate parents on the importance of looking after youngsters' teeth.

The first tier of the campaign will see a 12 month sampling campaign of Stages 1 for children aged four months to two years via Bounty Bags. The second tier will offer a free weaning spoon with limited edition Stages 1 brushes.

For the third tier, advertorials will run in the parenting press, reinforced by online activity.

Oral-B claims to be the biggest player in the children's toothbrush market with a 38.4 per cent share worth £5.8 million (source: IRI value sales 52 w/e December 30, 2006).

Product info:
Oral-B Labs
Tel: 01932 896000

Products in brief

Multibionta addition

The Multibionta brand has been extended with the launch of an Extra variant providing vitamins, probiotics and omega-3 fish oil. The product is said to help take the guesswork out of selecting daily supplements.

Multibionta Extra is supplied as a twin pack of tablets and capsules; one of each should be taken daily.
Price: £12.99/30+30
Seven Seas; tel: 01482 375234

Benylin sachets to go

Benylin Chesty Coughs Non-Drowsy sachets are being discontinued with effect from May due to range rationalisation.
Pfizer, tel: 01304 616161

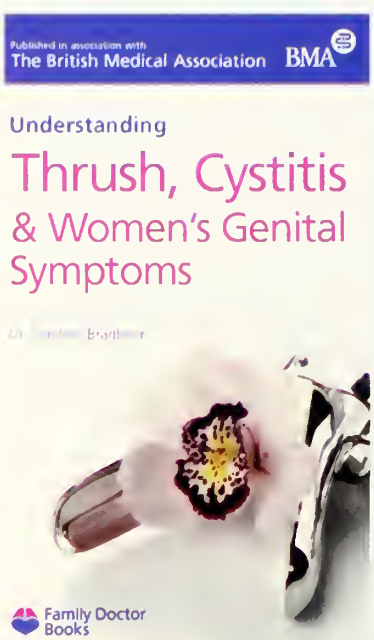
New Family Doctor title for women

A new edition of Understanding Thrush, Cystitis and Women's Genital Symptoms is the latest title to join the Family Doctor series of healthcare books.

The normal structure and functions of the genital region are discussed alongside problems from urinary tract infections to genital warts. Diagnosis, treatment options and self-help measures are included.

Towards the end of the book a glossary defines medical terms while a contact section covers organisations such as the Cystitis and Overactive Bladder Foundation.

Family Doctor books aim to provide an information resource that pharmacists can recommend to patients to resolve unanswered questions following a GP consultation.



Price: £4.75
Pip code: 326-8307

Product info:
Family Doctor Publications
Tel: 01202 668330
www.familydoctor.co.uk

C+D's one minute interview with ...

Stephanie Stelling, brand manager for the rosehip-based jointcare product LitoZin

Who buys your product?
People aged 50+ make up the core market. But the product is also used by younger people with joint pain.

Why stock LitoZin?
Because it works! We've had positive consumer feedback and there's clinical research to back it up. LitoZin has a high RSP and profit margin. Recent PR activity in the national press has increased awareness and is driving demand.

How can pharmacies sell more?
Use our point of sale materials and learn about the product.

When did you last buy something in a pharmacy?
Probably around two months ago.

Are there any brand innovations in the pipeline? Or a dream innovation you'd like to see?
Nothing in the immediate future. But I'd like the product to be available in more formats, perhaps a liquid and topical cream.

Who is your brand spokesperson?
Dr Kaj Winther, the Danish inflammation specialist.

Who would be your fantasy celebrity spokesperson?
Michael Palin – over 50 but still really active.

Interested in appearing in C+D's **one minute brand manager interview?** Contact Lesley Ribbens on 01732 377600 or email lribbens@cmpmedica.com

The most researched.[1]
The most recommended.[2]

The latest systematic review[1] of 16 clinical trials involving 2,327 patients came to one conclusion: "…a dentifrice containing triclosan/copolymer provides a more effective level of plaque control and periodontal health…"

Davies RM, Ellwood RP, Davies GM. *Journal of Clinical Periodontology* 2004; 31: 1029–1033

Perhaps that is why more UK dentists and hygienists recommend Colgate Total than any other dentifrice.[2]

Visit: www.thecopolymerstory.co.uk

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SIZE	MRRP	PIP CODE
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www.colgatepharmacy.co.uk

1. Davies RM, Ellwood RP, Davies GM. *Journal of Clinical Periodontology* 2004; 31: 1029–1033. 2. Data on file. Colgate-Palmolive

PRODUCT INFORMATION **Product Summary** **Trade Name of the Medicinal Product** Total Toothpaste **Indication** To reduce dentabrushing. If using fluoride supplements, consult your [illegible] **Other Medicaments:** None known. It is important to note that [illegible] **Contraindications** [illegible] individuals with known sensitivities [illegible] fluoride containing toothpaste in children under [illegible] their dentist before use **Special Warnings and Special** it is important to evaluate the total exposure to fluoride [illegible]

Double trouble for heartburn

Rennie Dual Action is the latest arrival on the heartburn and indigestion fixture. Combining antacid and alginate, the product is said to work fast to neutralise excess acid.

Its packaging features a modern design in a premium silver livery with a body to show how the product works.

Supporting the launch, Bayer is spending £6 million on advertising. This will include a nationwide television campaign predicted to reach 80 per cent of heartburn and indigestion sufferers.

Prices and Pip codes: £2.39/12, 325-4521; £4.19/24, 325-4513

Product info:
Ceuta Healthcare
Tel: 01202 780558

Seven Seas backs Cardiomax

Seven Seas is promoting its high-strength Pulse Cardiomax Pure Fish Oils omega-3 capsules for adults with £500,000 of press advertising this month.

Targeting the 50+ age group, the campaign includes full colour and mono advertisements in national daily and Sunday newspapers, as well as in Saga and Reader's Digest.

This is the second advertising campaign since the launch of the high-strength variant in November 2006.

Pulse Cardiomax capsules contain 725mg of omega-3 fatty acids, which Seven Seas claims is the highest in a one-a-day capsule currently available on the market.

Product info:
Seven Seas
Tel: 01482 375234
www.sseas.com

Products advertised on TV next week

Bio-Oil: All areas except LWT and GMTV
DulcoEase: C4, five, GMTV, Sat
Gaviscon Double Action: All areas
Imigran Recovery: B, G, Y, C, M, TT
Just for Men: All areas
Milton: All areas except five
Vagisil: All areas
PharmaSite for next week: Ibuleve – Windows, **Ibuleve** – In-store, **Otex** – Dispensary
Pharmacy channel: Vega Nutritionals, Aveeno

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Good nutrition is a vital part of recovery from a hospital stay, yet many patients start off undernourished. **Sarah Purcell** looks at how pharmacists could help raise awareness of the problem and what they can do to help

Eat yourself

A well-established fact is that patients who receive good nutrition tend to have a shorter hospital stay, fewer post-operative complications, are less likely to be re-admitted and have a reduced need for drugs and other interventions.

And while hospital food has been much criticised in recent years, the fact remains that 40 per cent of patients are malnourished on admission. This is an area where pharmacists could get more involved and help patients to improve their diet and gain weight before a planned hospital stay. "The advice pharmacists can give will depend on the reason for going into hospital and they may need a dietician's assessment for this. But I do think they will get more involved in assessing patients in the future and recommending dietary changes that could be made," says Lynne Mincher, healthcare dietetic specialist at Nestlé Nutrition.

At Complan Foods, commercial director Will Abbott agrees: "We know that 97 per cent of malnutrition happens in the community and one in seven older people is affected. The pharmacist is uniquely placed as the first point of contact for many."

Nutrition

Malnutrition is common in hospital admissions, but it's reported to be undiagnosed in up to 70 per cent of cases, says the British Dietetic Association.

"Malnutrition is a problem in the UK and is mostly unrecognised. If under-nourished patients go into hospital and then they don't eat well while they're in there – due to medical procedures, different food, change of mealtimes or feeling unwell – this cycle then continues and their nutritional condition can be worsened as a result," says Ms Mincher.

"But it's not just about being underweight – a whole host of other problems goes with malnutrition such as delayed wound healing, reduced immunity and depression," says Mr Abbott.

Screening vulnerable patients prior to admission – those with chronic disease and the elderly – does help, but pharmacists could also play a role here. "Pharmacists have a big opportunity to help and give advice on eating better to their customers and to raise awareness of malnutrition in the community. When patients come to you for their medication it's a good chance to discuss and provide them with information on healthy eating," says Rick Wilson, head of nutrition and dietetics at King's College Hospital, London.

At the National Patient Safety Association, nutrition lead Caroline Lecko agrees. "Patients need to understand how important food is in terms of their recovery, that it is part of their treatment and as important as the medicines they're prescribed as it helps to metabolise the drugs."

Pharmacists could help by watching out for signs of weight loss in customers. "Weight loss is insidious and a patient may not be aware that it's happening, but clothes and jewellery becoming loose are sure signs. It's a good idea for them to get into a habit of weighing themselves once a month to keep a check on their weight," says Mr Wilson.

Diet for weight gain

For some patients it can be difficult to put on weight and you can offer tips which will help them. "Fortifying their food is a good and easy way of doing this: add butter to mashed potato, swap semi-skimmed for full-fat milk," says Mr Wilson. "If they have a poor appetite, encourage regular snacking in between meals rather than long gaps without food."

Meal replacements can play a useful role for patients who don't want to eat or find it difficult to gain weight from food alone. "The advice to patients should always be food first, which would include OTC products such as Build-Up," says Ms Mincher. "If food and nutritious drinks aren't enough then prescribable nutritional supplements should be considered in conjunction with food." And because products such as Build-Up are made up with milk, they also help to ensure patients are

fitter

getting calcium and other vitamins and minerals.

"It's important to boost calorie intake before a hospital stay to compensate for lack of appetite while a patient is recovering. Nutritional supplements like Complan can help by offering a good balance of nutrients – but we recommend using them in addition to, not instead of, food wherever possible," says Mr Abbott.

"Getting enough sunlight to produce vitamin D can be a problem in sick and elderly patients and here a multivitamin supplement is useful," says Mr Wilson.

Eating for recovery

"It's essential for patients to eat and drink well after a hospital stay, particularly following surgery. They'll need food rich in vitamin C and zinc to help aid wound healing. Zinc is found in shellfish, offal and nuts, but a supplement containing zinc can be helpful if they can't get enough through diet alone," says Mr Wilson.

Patients should be made aware that they need to speak to their GP or dietician if they're finding it hard to eat. "They need to recognise the value of food in terms of recovery – missing meals is the same as missing medication," says Ms Lecko.

Meal replacements can play a role in recovery too. "Many patients can have an impaired sense of

Hospital food concerns

Since 2001, almost £40 million has been invested by the government in improving hospital food. Yet a survey carried out by Patient and Public Involvement Forums found that many trusts still have a long way to go:

- Some 40 per cent of patients had their hospital meals supplemented by food brought in by visitors.
- Over a third of patients had left their meal because it looked unappetising.
- A quarter of patients said they didn't get the help they needed in eating their meals.
- Some 18 per cent of patients didn't get the choice of meal they wanted.

"These findings are disappointing. Patients have every right to expect food that is nutritious, served at the appropriate temperature, meets their dietary needs and help to eat if they need it. Not only will this impact on a patient's recovery, but is a huge waste in terms of NHS money and resources," says Sharon Grant, chair of the Commission for Patient and Public Involvement in Health.

Product news – nutrition

Nestle's Clinutren 1.5 is a prescribable nutritionally complete, whole protein, ready-to-drink sip feed. Specially formulated for people with increased energy and protein needs, it provides 1.5kcal per ml. Available in a 200ml bottle or in multipacks of four in six different flavours: apricot, banana, chocolate, coffee, strawberry-raspberry or vanilla.
Nestlé Nutrition, tel: 020 8667 5130

Clinutren Fruit is a nutritionally enriched fruit-based alternative to milk-style drinks. It contains real fruit juice and whey protein and provides 1.5kcal per ml. Available in a 200ml bottle or in multipacks of four in four flavours: grapefruit, orange, pear-cherry and raspberry-blackcurrant.
Nestlé Nutrition, tel: 020 8667 5130

Complan has launched a prescription product called Complan Shake, designed to help the problem of malnutrition in elderly patients. Available in vanilla, strawberry and chocolate flavours, suggested intake is one to two servings a day. Each sachet should be taken with 200ml milk or water as required. It contains more vitamins and minerals than the OTC Complan products and two servings a day provide 100 per cent of the RNI of vitamins and minerals.
Complan Foods, tel: 020 7395 7565

taste which affects their appetite or they don't feel like eating after an operation. A fortified drink can be easier in these cases," says Ms Mincher.

Eating for a healthy heart

Cardiac patients don't need to be told where they went wrong in the past, they want advice on what they should be doing now to avoid further problems. There is a huge amount of information on diet for a healthy heart and it can be hard for patients to decipher what's based on fact from anecdotal evidence. Pharmacists can play an important role in advising patients what will (and what won't) help.

New guidelines on cardiovascular health published in the Journal of Human Nutrition & Dietetics (December 2006) help to clear up some of the confusion on the issue of diet for heart health. Alison Mead, chief dietician and EuroAction dietetic co-ordinator at Hammersmith Hospital, is one of the authors of the review.

"The main and most controversial part of the new guidelines is for omega-3 and how much patients should be eating. We're recommending an increased intake of oily fish or supplements only in those who've already had a myocardial infarction. Other heart patients should stick to the same advice as the rest of the population – two portions of fish a week, one of which should be oily," she says.

Previously all patients with heart disease were advised to increase their intake of omega-3 fats. Since the last guidelines were published in 2003, one new trial has shown that there was an increase in cardiac death in men with angina who increased their intake of oily fish, plus other trials which have shown no evidence that increased omega-3 intake reduced the likelihood of a heart attack.

There has been research to show that increased omega-3 intake in patients who have had a myocardial infarction can be beneficial. The new guidelines recommend two to three large portions of oily fish per week or the equivalent from fish oil – 0.5 to 1.0g of omega-3 fats per day (preferably fish body oil rather than cod liver oil). "If taking a supplement, patients should check it contains a combination of EPA and DHA as this is more beneficial," says Ms Mead.

Low fat guidelines

"The message about reducing the intake of saturated fats is the same, though we recommend swapping saturates for monounsaturates rather than polyunsaturates where possible," says Ms Mead. This gives protection against stroke.

Folic acid

Folic acid helps to reduce the risk of a neural tube defect and a supplement of 400µg a day should be taken from three months before conception and until the 12th week of pregnancy.

However, because so many pregnancies are unplanned and many women fail to take supplements in pregnancy, the Foods Standards Agency is consulting on several options to increase women's intake of folate to reduce the number of pregnancies affected by NTDs. The Scientific Advisory Committee on Nutrition has published its final report on Folate and Disease Prevention, in which it recommends the mandatory fortification of flour with folic acid in the UK.

The FSA board is currently considering four options it is asking the public to respond to:

- To continue with the current policy of advising all women who are planning a pregnancy to take a folic acid supplement until the 12th week of pregnancy.
- To increase the effort to encourage young women to take folic acid supplements and increase consumption of folate-rich foods.
- To encourage the food industry to fortify more foods with folic acid on a voluntary basis.
- To recommend mandatory fortification of bread or flour with folic acid.

The FSA board is considering the SACN's report guidelines and will give advice to health ministers in May.

> When we think about talking to our customers about VMS, most of us think of it being a reactive conversation

Antioxidant supplements

The new guidelines state that there is no evidence that antioxidant vitamin supplements provide any protection against cardiovascular disease. "New reviews provide evidence that vitamin E supplements do not give any protection for secondary prevention of CVD and in large doses (more than 400IU a day) can increase the risk of mortality. This negative effect is also seen with beta-carotene supplementation," says Ms Mead.

Mediterranean diet

"We still advise patients to follow a Mediterranean-style diet, with at least five portions of fresh fruit and vegetables a day combined with a low intake of saturated fat," says Ms Mead. Advice on alcohol remains the same as the rest of the population.

"Though we do try to encourage patients to have a couple of alcohol-free days per week and also to be aware that wine often has a higher alcohol content these days – one glass may be equivalent to two units instead of one."

Statins, stanols and sterols

"The most important advice to give patients who are taking statins to reduce their cholesterol is that they shouldn't be eating grapefruit or drinking grapefruit juice as it does interfere with the drug," says Ms Mead.

"Stanols and sterols are beneficial in reducing cholesterol, but they have to be taken daily to have a significant effect. And advise patients that by taking more than the recommended, for example one yoghurt drink daily, they won't increase the cholesterol-lowering effect. I wouldn't advise using a cholesterol-lowering margarine alone, as you'd need to eat a lot of this to do any good."

Healthy pregnancy nutrition

While a baby's genes are fixed at conception, the mother can influence the environment her baby develops in and nutrition is a vital componenent of that. Here's the advice you should be passing on to your expectant customers.

"Studies have shown that nutritional deficiency while in the womb may lead to disease in later life. This is because if an organ is deprived of key nutrients during early development its growth may be restricted, preventing it from reaching its full potential, and it may not be possible for that organ to restore itself," says midwife and nutritional advisor Zita West, author of Babycare Before Birth (Dorling Kindersley).

Calcium

This is needed throughout pregnancy, but is especially important in the second trimester when the baby's skeleton is developing. "If your intake is low, calcium from your bones will be used to meet

Product news – heart

Cardio Wise is one of a new range of fish oil supplements available from VeryWise Nutrition. The supplements use new technology which claims to improve absorption of omega-3 acids into the bloodstream by up to 150 per cent. Other supplements in the range include Omega Wise, Brain Wise, BrainWise Plus and Joint Wise, all based on fish oil. The launch is backed by a £2.5 million campaign. All products are available in 150ml bottles, with Omega Wise also in capsule form. **VeryWise Nutrition, tel: 0800 980 1282**

In research presented to the American Heart Association, new findings showed that Kwai Garlic not only prevented the formation of complexes that lead to arterial plaque, but can also disperse these deposits. Professor Gunter Siegel and his team found that the incidence of Lp(a)-induced nanoplaque formation was reduced by up to 40 per cent while existing nanoplaques could be dissolved by up to 20 per cent after taking Kwai Garlic.
Lichtwer Healthcare, tel: 0800 652 7150

the baby's needs, a process that can weaken them," says Ms West. But not everyone will want to increase their dairy intake to boost their calcium consumption, says midwife and midwifery lecturer at the University of Sheffield, Maggie Evans. "People tend to equate calcium with dairy, but it is in lots of other foods too, especially leafy greens, nuts and pulses."

Iron

"We know that in general between 30 and 40 per cent of women have low iron stores. Towards the end of pregnancy the mother's iron needs triple and this is often when anaemia is diagnosed," says Ms Evans.

"Eating plenty of iron-rich foods from the start of pregnancy is the best option, but taking an iron supplement can help avoid the problem of anaemia later on", she adds.

"Spatone is a low-dose iron supplement which is easily absorbed and doesn't have the side effects of prescribed iron tablets. You can take it as a preventive and increase the dose towards the end of pregnancy."

Remind women that caffeine inhibits iron absorption and that it's better absorbed when taken with foods rich in vitamin C.

Zinc

"Zinc is required for protein and essential fatty acid metabolism and cell development," says Ms West. It works well with the B group of vitamins and if a supplement is taken, it should be included in a multivitamin, not taken separately.

Essential fatty acids

"A baby cannot make its own essential fatty acids, such as DHA, and is dependent on the mother's diet for its supply. Good sources include nuts, seeds and oily fish," says Ms West. EFAs are especially important for brain and eye development. It's safe to take fish oil supplements in pregnancy if insufficient is gained from diet.

New research published in the Archives of Disease in Childhood found that pregnant women who took high doses of fish oil during pregnancy could boost their toddler's co-ordination skills, as well as understanding, comprehension and vocabulary.

How interactive are you?

When selling VMS are you reactive or proactive? Lynne Henshaw, OTC marketing controller at Numark, has this advice: "When we think about talking to our customers about VMS, most of us think of it being a reactive conversation.

"If, for example, you have a customer who comes in with recurring mouth sores, cracked lips or split nails, we would often sell a skincare remedy. However, by asking simple questions as to what their diet is like, we could discover that they have a vitamin B_2 deficiency, thus make our advice much more valuable. Simply by offering advice on diet and thereafter supplements, we are offering our customers so much more than our supermarket competition ever could."

For the first time, Numark is offering its workshops on VMS to non-members. A series of workshops on MURs for pharmacists and VMS for assistants are being offered. To register or for more information, contact Betty Kelly on 01827 841205.

Product news – pregnancy

Spatone is offering a free Healthy Eating in Pregnancy leaflet written by midwife Maggie Evans. The leaflet gives concise information on the key aspects of a healthy diet in pregnancy. It's available to download at www.spatone.com, by calling 0800 731 1740 or by emailing name and address to info@spatone.com

Floradix liquid iron can help ensure a mother doesn't become iron deficient. As well as iron gluconate, it also contains B vitamins, vitamin C and herbal extracts to increase iron absorption. Floravital is a yeast, wheat and gluten-free version.
Salus UK, tel: 01925 825679

Increased calcium intake is important during pregnancy for both mother and baby's bone health. Calcia Calcium with Vitamins & Iron contains the RDA of calcium as well as iron, vitamin B_{12} for healthy blood formation and vitamin C to aid iron absorption. It is suitable for vegetarians.
Chefaro, tel: 01480 421800

Product news – VMS

Lifeplan has introduced Potenzia, a supplement for men which may help with benign prostatic hyperplasia. The supplement contains saw palmetto and *Pygeum africanum* which some studies have suggested may improve the condition. It also contains vitamin C, vitamin E, zinc, chromium and selenium. It costs £6.99 for 30 tablets. **Lifeplan, tel: 01455 556281**

Molkosan Vitality is a new three-in-one prebiotic supplement drink designed to help maintain healthy gut bacteria and improve digestion. The prebiotic drink powder contains whey, maize starch and green tea extract. Taken before a meal, it helps to stimulate the secretion of digestive enzymes and the peristaltic movement of the gut. It costs £10.99 for 275g.
Bioforce, tel: 01294 277344

A survey by YouGov reveals that a third of us find our lives "stressful" or "very stressful" and 42 per cent of us say our lifestyle suffers due to lack of energy. Multibionta Activate is a probiotic multivitamin and, as well as friendly bacteria, it contains multivitamins, minerals, CoQ10 and ginseng to boost energy levels. Unlike probiotic yoghurt drinks, it doesn't have to be kept in the fridge. Multivitamins are currently growing at 9 per cent (IR) and probiotic vitamins are one of the fastest growing products in the VMS sector.
Seven Seas, tel: 01482 375234

Research published by the Australian Centre for Complementary Medicine Education & Research into Biolane Green Lipped Mussel Extract (GLME), used in Seatone, has found it to be beneficial for arthritis sufferers as well as lessening the risk of blood clot formation. GLME is a rich blend of proteins, minerals and omega-3 fatty acids as well as glucosaminoglycans and chodriotin sulphate.
Potter's Herbal Supplies, tel: 01942 219960

Livwell bread is now available on prescription. The gluten-free bread for those on a gluten-free diet due to coeliac disease can now be prescribed to patients. The range of gluten-free sliced white and brown bread, white rolls plus the gluten, wheat and milk-free baguette can all be prescribed.
Livwell, tel: 0845 120 0038

Numark has colour coded its labels and caps on its VMS products to make it easier for customers to find the vitamins they're looking for. The label uses a peel and reseal format label to accommodate all the required information. The labels also contain information on why supplements may be useful.
Numark, tel: 01827 841200

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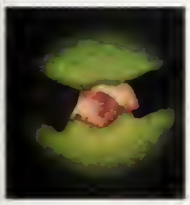

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Flying Fin pleads for rally cash

For many pharmacists, catching airtime in a rally car might be deemed a tad too adventurous.

But for Manchester-based pharmacist and head of the Independent Pharmacy Federation (IPF) Fin McCaul, it's all in a days work – that's him flying towards his title of reigning British Champion, Class R1!

Unfortunately, Fin's power sliding prowess is under threat. He has yet to secure funding for him and his team to compete in this year's British and Irish Rally Championships, which kick off in April.

Fin says: "Myself and co-driver James Smith had a terrific season last year winning our class of rally cars with engines under 1,400cc. We have high hopes for this year too but we need to get some more sponsorship in place. Although a snip compared with F1, we still need serious backing, so if anyone can help, please let me know."

There may be hope yet. Positive Solutions, which sponsored Fin during last season's British round, is "considering a package". Any more for any more?

It's news but not as we know it

C+D greets the news that GPs are to be allowed to prescribe free air-con units on the NHS for patients with breathing difficulties with optimism. We wonder where pharmacists might find room for them on the shelf behind the counter?

• **Council officers, dubbed "smoke detectives",** will patrol bars, restaurants and shops this summer ready to scold rogue smokers. In pubs, officers will be able to sit among drinkers undercover and photograph and film people. C+D hopes the smoke detectives will be telling each and every one about pharmacy smoking cessation services!

• **And finally ...**

To the past, some 6,000 years in fact, where, it turns out, chillies were being added to bland food long before the pyramids were built, according to a study published in the journal Science.

The oldest starch grains from chilli peppers were from two sites in Ecuador dating to 6,100 years ago. C+D wonders what archaeologists might find 6,000 years into the future from the ruins of a community pharmacy?

Appointments

Actavis has boosted its telemarketing team with five new recruits, bringing the total number to 10. The new team is headed up by Emma Lower, who was employed by Actavis in February 2006 to manage and lead the new telemarketing team.

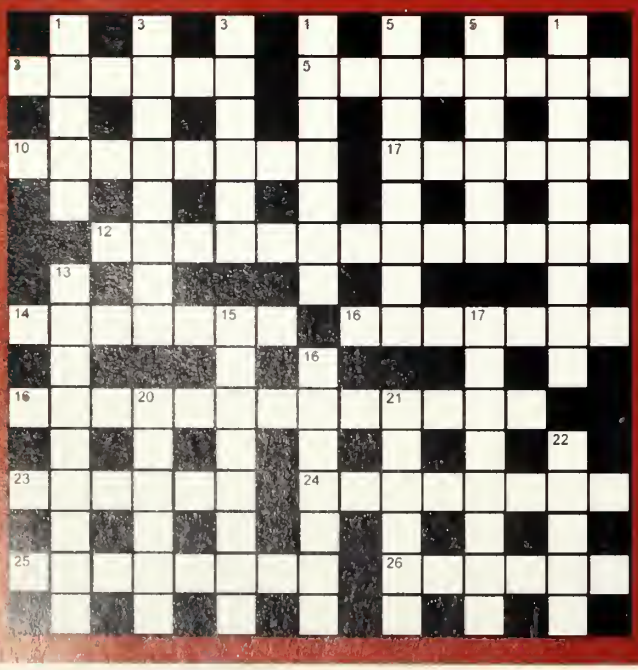
UniChem has appointed Oliver Smedley, right, as its new finance director. Oliver replaces Jason Grover, who has moved to parent company Alliance Boots to take on the role of finance director, UK and Integration.

Cornish pharmaceutical company TRAC Services has recruited science graduates Aaron Dee and Sarah Haywood to support the company.

Amgen has appointed John de Wit, left, as business unit director oncology, for the UK and Ireland. He was previously oncology brand director at Amgen's international headquarters in Switzerland.

Win a C+D mug with our BIG movie crossword!

All pharmacists need a break from time to time, and what better way to relax than with a hot drink in a C+D mug? Win one of these exclusive thermal mugs by sending correct crossword entries to C+D Crossword, Riverbank House, Angel Lane, Tonbridge TN9 1SE by Tuesday March 20. A lucky winner will be pulled from the hat and announced in next week's issue.



Clues Across

8 _ 13, in which Tom Hanks was out of this world! (6)
9 _ Angels, trio who went Full Throttle in the sequel (8)
10 Star of the recent Blood Diamond (8)
11 Which title character stole Christmas? (6)
12 Daniel Craig's predecessor as Bond (6,7)
14 Shanghai _ , Jackie Chan and Owen Wilson action comedy (7)
16 Lemony Snicket's _ _ of Unfortunate Events, Jim Carrey fantasy (1,6)
19 Al Pacino's co-star in Scent of a Woman (5,8)
23 Red _ , follow-up to The Silence of the Lambs and Hannibal (6)
24 Love _ , romantic comedy with Hugh Grant (8)
25 He directed and starred in Million Dollar Baby (8)
26 Richard _ , Rambo's commanding officer in the First Blood films (6)

Clues Down

1 Homeland of Penelope Cruz (5)
2 The _ , in which Robert Redford is held for ransom in a remote forest (8)
3 Genre of the grisly Saw films (6)
4 The Hunt for Red _ , submarine thriller with Sean Connery (7)
5 1994 western featuring four females (3,5)
6 High _ Drifter, 1970s western (6)
7 He directed A Nightmare on Elm Street (3,6)
13 Will Ferrell comedy set in the TV news studio (9)
15 Arkansas-born actor, Billy Bob (8)
17 Second instalment of The Matrix (8)
18 The Dirk from A Bridge Too Far (7)
20 As Good As _ _ , 'Brace yourself for Melvin' was its tagline (2,4)
21 Two Weeks _ , Sandra Bullock and Hugh Grant movie (6)
22 _ Came Polly, comedy starring Ben Stiller and Jennifer Aniston (5)

Over to you...

Seen anything wacky in the weird and wonderful world of pharmacy? Let us know, and your name could appear here in Out of Hours. Email wyin-poole@cmpi.biz, tel 01732 377466 or write to: Out of Hours, C+D, Riverbank House, Angel Lane, Tonbridge TN9 1SE.

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